

POSITION	INITIALS	ID.NO.	DATE
FEE DETERMINATION	JW	7GBI	
O.I.P.E. CLASSIFIER			5 9-14-00
FORMALITY REVIEW	BB	JC 900	10-17-00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	10/11/00
Original	10/15/00
1	✓ ✓ ✓ ✓
2	✓ ✓ 0
3	✓ ✓ 0
4	✓ ✓ 0
5	✓ ✓ 0
6	✓ ✓ 0
7	✓ ✓ 0
8	✓ ✓ 0
9	✓ ✓ 0
10	✓ ✓ 0
11	✓ ✓ ✓ ✓
12	✓ ✓ 0
13	✓ ✓ 0
14	✓ ✓ 0
15	✓ ✓ 0
16	✓ ✓ 0
17	✓ ✓ 0
18	✓ ✓ 0
19	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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